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| 26271 | | /2007 | | Cer | tificate (| of Mailing or Transn | nission | | | |
| | & JAWORSKI, L | LP | I he | reby certify that thes Postal Service v | is Fee(s) | Transmittal is being | deposited with the United class mail in an envelope above, or being facsimile te indicated below. | | | |
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| SUITE 5100 HOUSTON, TX | 77010-3005 | | trans | | | | te indicated below. | | | |
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| 1 FC:2501 | 700. | 00.00 OP | | Scharon | <u>K.</u> | Sitch | (Signature) | | | |
| 2 FC:1504 | 300. | 00 OP | | July | 17 | 2007 | (Date) | | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTOR | NEY DOCKET NO. | CONFIRMATION NO. | | | |
| 10/629,100 | 10/629,100 07/29/2003 | | Mark Dimitrijevic | | НС | D-P02803US0 | 6359 | | | |
| TITLE OF INVENTION | : FOUNDATION PILE | HAVING A SPIRAL RII | OGE AND METHOD OF U | JNDERPINNING | USING | SAME | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | | TOTAL FEE(S) DUE | DATE DUE | | | |
| nonprovisional | nonprovisional YES | | \$300 | \$0 | | \$1000 | 07/20/2007 | | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | | | | | | | |
| SPAHN | N, GAY | 3635 | 405-252100 | | | | | | | |
| . Change of correspond FR 1.363). | ence address or indicatio | n of "Fee Address" (37 | 2. For printing on the p | | | ₁ Fulbri | aht & | | | |
| | ondence address (or Cha | nge of Correspondence | the names of up to or agents OR, alternative | 3 registered paten | t attorne | ys ' | | | | |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | | |
| PTO/SB/47; Rev 03-0 Number is required. | 02 or more recent) attach | ed. Use of a Customer | 2 registered patent attor listed, no name will be | mevs or agents. If | no name | is 3 | | | | |
| . ASSIGNEE NAME A | ND RESIDENCE DATA | A TO BE PRINTED ON T | THE PATENT (print or typ | e) | • | | | | | |
| PLEASE NOTE: Uni | less an assignee is ident | ified below, no assignee | data will appear on the part of the part o | atent. If an assign | ee is ide | ntified below, the do | cument has been filed for | | | |
| (A) NAME OF ASSI | | diction of this form is NO | (B) RESIDENCE: (CITY | _ | | | | | | |
| CABLE LO | · | | | | | | | | | |
| lease check the annronr | iate assignee category or | categories (will not be pr | inted on the natent): | Individual 🕅 Co | rnoratio | n or other private grou | ip entity Government | | | |
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| a. The following fee(s): Issue Fee | are submitted: | 41 | Payment of Fee(s): (Plea A check is enclosed. | se first reapply ar | y previo | ously paid issue fee s | hown above) | | | |
| | No small entity discount p | nermitted) | Payment by credit care | d Form PTO-2038 | is attac | hed | | | | |
| Advance Order - | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | The Director is hereby overpayment, to Depos | | | | iciency, or credit any | | | |
| 0 1 2 1 0 | | | overpayment, to Depos | sit Account Number | 06-2 | 2375 (enclose an | extra copy of this form). | | | |
| | tus (from status indicated is SMALL ENTITY state | | ☐ b. Applicant is no long | ger claiming SMAI | LL ENTI | TY status. See 37 CF | R 1.27(g)(2). | | | |
| • • | | | d from anyone other than the Office. | | | | | | | |
| nerest as shown by the | | | Office. | | 7) | 12127 | * ' | | | |
| Authorized Signature | | | | Date | 1/ | 11/01 | | | | |
| Typed or printed name | c <u>Michael S</u> | . McCoy | | Registration N | lo | 46,913 | | | | |
| his collection of inform application. Confident abmitting the completed | nation is required by 37 C tiality is governed by 35 d application form to the | FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary | n is required to obtain or relived. This collection is esting depending upon the individual chief Information Office COMPLETED FORMS TO | etain a benefit by t imated to take 12 r idual case. Any co | he public ninutes t mments | which is to file (and o complete, including on the amount of tim | by the USPTO to process) gathering, preparing, and e you require to complete | | | |
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Signature:

Docket No.: HO-P02803US0 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Mark Dimitrijevic

Filed: July 29, 2003

Dated: July 17, 2007

Application No.: 10/629,100

For: FOUNDATION PILE HAVING A SPIRAL

RIDGE AND METHOD OF UNDERPINNING

USING SAME

Confirmation No.: 6359

Art Unit: 3635

Examiner: G. Spahn

TRANSMITTAL LETTER

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Fee Transmittal (1 page);
- 2. Part B Fee(s) Transmittal;
- 3. Cable Lock, Inc. Check No. 011070
- 4. Certificate of Express Mailing; and
- 5. Postcard.

Enclosed is a check in the amount of \$1,015.00 covering the required fees.. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 06-2375, under Order No. HO-P02803US0/10306967. A duplicate copy of this paper is enclosed.

. .

Application No.: 10/629,100 Docket No.: HO-P02803US0

Dated: July 17, 2007

Respectfully submitted,

Michael S. McCoy

Registration No.: 46,913

FULBRIGHT & JAWORSKI L.L.P.

Fulbright Tower

1301 McKinney, Suite 5100 Houston, Texas 77010-3095

(713) 651-5151

Attorney for Applicant

PTO/SB/17 (06-07)
Approved for use through 06/30/2007. OMB 0651-0032
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| Effective | Complete if Known | | | | | | | | | | | | |
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| Fees pursuant to the Consolidat | Application Number | | 10/629,100-Conf. #6359 | | | | | | | | | | |
| FEE TRA | Filing Date July 29, 20 | | July 29, 2003 | 3 | | | | | | | | | |
| For | First Named Inv | | Mark Dimitrijevic | | | | | | | | | | |
| | Examiner Name G. Spahn | | G. Spahn | | | | | | | | | | |
| x Applicant claims small | Art Unit | | 3635 | | | | | | | | | | |
| TOTAL AMOUNT OF PAY | MENT | (\$) 1,015.00 | Attorney Docket | No. | HO-P02803U | S0 | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | | | |
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| Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 06-2375 Deposit Account Name: Fulbright & Jaworski L.L.P. | | | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | | | |
| x Charge fee(s) | • | | <u> </u> | • | dicated below, e | | e filina fee | | | | | | |
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| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH | | | | 5 77 4 5 4 1 | | | | | | | | | |
| | FILIN | IG FEES SE Small Entity | EARCH FEES Small Entity | EXAMI | NATION FEES Small Entity | | | | | | | | |
| Application Type | Fee (\$) | Fee (\$) Fee (| | Fee (\$) | | Fees P | aid (\$) | | | | | | |
| Utility | 300 | 150 500 | 250 | 200 | 100 | | | | | | | | |
| Design | 200 | 100 100 | 50 | 130 | 65 | | <u> </u> | | | | | | |
| Plant | 200 | 100 300 | | 160 | 80 | • | | | | | | | |
| Reissue | 300 | 150 500 | | 600 | 300 | | | | | | | | |
| Provisional | 200 | 100 0 | 0 | 0 | 0 | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | | | | | Small Entity Fee (\$) | | | | | | |
| Fee Description Each claim over 20 (including Reissues) 50 50 25 | | | | | | | | | | | | | |
| Each independent claim over | | • | | | | 200 | 100 | | | | | | |
| Multiple dependent claims | • | , | | | | 360 | 180 | | | | | | |
| <u>Total Claims</u> Extra Claims Fee (\$) Fee i | | | Paid (\$) Multiple Dependent Claims | | | \ | | | | | | | |
| - 20 = | x _ | = | | <u>Fe</u> | эе (\$) | Fee Paid (\$ |) | | | | | | |
| HP = highest number of total clai | | | | | | | _ | | | | | | |
| | Claims F | Fee (\$) Fee | Paid (\$) | | | | | | | | | | |
| - 3 = HP = highest number of independ | | d for, if greater than 3. | | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | | | | | | | |
| If the specification and dra | = | ed 100 sheets of paper | r (excluding electr | onically fi | led sequence or | computer | | | | | | | |
| listings under 37 CFR | 1.52(e)), the | application size fee d | ue is \$250 (\$125 i | | | | | | | | | | |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | | | | | |
| <u>Total Sheets</u> - 100 = | tra Sheets | | (round up to a who | | | <u>- ree r</u> | aiu (\$) | | | | | | |
| 4. OTHER FEE(S) | | | _ (.000 ap to a win | | | Fees | Paid (\$) | | | | | | |
| Non-English Specification | | | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 2501 Utility issue fee 700.00 1504 Publication fee for early, voluntary, or normal 300.00 | | | | | | | | | | | | | |
| | 1; | 504 Publication fee 001 Printed copy of | tor early, volunta | | rmai | | 0.00 5.00 | | | | | | |
| | # | () | patent wo color | | | | | | | | | | |
| SUBMITTED BY Signature | /hCs | | Registration No. | 46,913 | Telephone | (713) 651 | -8216 | | | | | | |
| | MaCov | | (Attorney/Agent) | 40,913 | | | | | | | | | |
| Name (Print/Type) Michael S | . IVICCOY | | | | Date | July 17, | 2007 | | | | | | |
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| Dated: July 17, 2007 Signature: Karon K. Ditch (Sharon K. Ditch) | | | | | | | | | | | | | |



ation No. (if known): 10/629,100

Attorney Docket No.: HO-P02803US0

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on July 17, 2007

Date

Signature

Sharon K. Ditch

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Part B - Fee(s) Transmittal

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